



BOARD MEMBERSHIP APPLICATION

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BOARD MEMBERSHIP INFORMATION AND OVERVIEW

OVERVIEW

The Indiana Governor's Council for People with Disabilities is a state agency guided by the mission to advance the independence, productivity, and inclusion of people with disabilities in all aspects of society.

The Council's vision is that all communities will be accessible, and all people with disabilities will be valued as full citizens in the community. The mission is accomplished through planning, evaluation, training, collaboration, marketing and education, research and advocacy.

The Council receives about \$1,500,000 dollars in federal funding every year to conduct activities and projects in accordance with the Council's Five Year Plan for People with Disabilities.

BOARD GOVERNANCE

The Council Board recognizes that governing boards fulfill a crucial link in the "chain of command" between owners—whether legal or moral in nature—and operatives (staff). The Board's representative authority is employed by operating as an undivided unit, setting organizational goals and expected outcomes but leaving most of the decisions on initiating and managing activities to achieve those outcomes up to staff. The Board makes its decision by determining broad policies and then policies descending in size as needed. The model enables extensive empowerment to staff while preserving controls necessary for accountability. It provides a values-based foundation, a framework for precision delegation, and a long-term focus on what the organization is for, more than what it does.

BOARD DUTIES/RESPONSIBILITIES

Because the Council's role is one of innovator and facilitator; Board members are expected to stay informed and current with disability policy/trends, be aware of new opportunities, and think strategically. The Council represents a wide range of issues and all types of disabilities. It is essential that board members speak with one voice setting aside personal agendas to concentrate on the larger picture and the disability community as a whole. Board members may be asked, in a volunteer capacity, to assist with various commitments the Council has agreed to such as participating at the statewide conference, hosting forums, observing and participating in community activities, and attendance at training events.

BOARD MEMBERSHIP

Board members include people with developmental disabilities or the parents/immediate relatives/guardians of people with developmental disabilities. Other membership categories are people with disabilities (non developmental disability), and representatives of business, statewide organizations, local community, or service provider organizations. Board members represent a variety of geographic areas, disabilities, and ethnic backgrounds. Diversity in the membership adds to the richness of the board as it deliberates critical issues as representatives of the citizens of Indiana who have disabilities.

Developmental Disabilities: The Council is funded under the Developmental Disabilities Assistance and Bill of Rights Act (DD Act). The DD Act requires that 60% of the board be people with DD or parents/family members of people with DD.

Meetings are held quarterly on the second Tuesday of the month from 10 am to 2:30 pm. The Council's Leadership Committee sets the agenda and may schedule additional meetings if needed. Travel and accessible accommodation expenses are paid. Notices to Board members are sent by email.

APPOINTMENT PROCESS

When a vacancy occurs, the Leadership Committee reviews applications and/or recruits additional applicants. Candidates are interviewed and recommendations are made to the board for approval at the next regular meeting. If approved, the board's recommendation and candidate's information is submitted to the Governor's Office for consideration. Additional forms and clearances are required by the Governor.

Governor's Council for People with Disabilities Board Membership Application

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Employer/Organization: _____

Position Held: _____ Volunteer Paid

Work Phone: (_____) _____ - _____ E-mail: _____

Cell/Home Phone: (_____) _____ - _____ Fax: _____

Date of Birth: _____ Submission Date: _____

Are you a Partner in Policymaking graduate? Yes No

DEMOGRAPHIC INFORMATION		
REGION OF STATE IN WHICH YOU RESIDE:		
<input type="checkbox"/> Northeast	<input type="checkbox"/> North Central	<input type="checkbox"/> Northwest
<input type="checkbox"/> East-Central	<input type="checkbox"/> Central	<input type="checkbox"/> West-Central
<input type="checkbox"/> Southeast	<input type="checkbox"/> South Central	<input type="checkbox"/> Southwest
GENDER, RACE AND/OR NATIONAL ORIGIN: (Optional)		
<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African-American <input type="checkbox"/> Asian		
Other: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		

CATEGORY OF MEMBERSHIP YOU REPRESENT (check more than one if applicable)

- | | |
|---|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Sibling or spouse of a Person with a Disability |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Local Community / State wide organization |
| <input type="checkbox"/> Business | <input type="checkbox"/> Service Provider for people with disabilities |

Please describe you/your family members' disability/disabilities if applicable:

If you are a person with a disability and/or a parent or family member and the age of onset of the disability was before 22, you may qualify to be considered as a member representing developmental disabilities. Please read the following definition of developmental disability and answer the question. Note that the federal definition of DD is broader than the definition used by Indiana for service delivery.

Developmental Disability Definition: *A severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of both; 2) occurs before age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the following seven areas of major life activity: self-care, receptive and express language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.*

After reading the definition, do you consider that you/your family member is a person with a developmental disability? _____ Yes _____ No

If you are representing business, a provider of service, local community, or a statewide organization, please provide information about the organization, your position, their commitment to people with disabilities, and other information you deem pertinent to your serving on the Board:

EXPERTISE

Check the various areas of skills and expertise you posses:

- | | |
|-------------------------------------|--------------------------|
| _____ Strategic Planning | _____ Evaluation |
| _____ Consensus Builder | _____ Grant Review |
| _____ Marketing/Public Relations | _____ Personnel |
| _____ Finance | _____ Leadership |
| _____ Written Communication | _____ Oral Communication |
| _____ Listening | _____ Detail Oriented |
| _____ Big Picture | _____ Negotiating |
| _____ Knowledge of Board Governance | _____ Analytical |
| _____ other: please describe: _____ | |

COMMITMENT TO BOARD PARTICIPATION

Will you make a commitment to?

- Attend all scheduled Board meetings? _____ Yes _____ No

- Set aside time to read and prepare for Board meetings? _____ Yes _____ No
- Travel to attend Board and committee meetings? _____ Yes _____ No
- Volunteer for Board related activities to advance the Council's mission? _____ Yes _____ No
- Set aside personal agenda to embrace the larger picture? _____ Yes _____ No

Will your organization/employer support your participation on the Board? _____ Yes _____ No

DISABILITY PUBLIC POLICY

The Council's mission is: To advance the independence, productivity and inclusion of people with disabilities in all aspects of society. Please tell us what the mission means to you, and how you have supported these goals:

COMPETENCIES: Below are five (5) key competencies that we are seeking in potential Board candidates. Choose two and provide concrete examples of when and how you have effectively used that competency to a specific end result. Please limit your responses to 1 or 2 short paragraphs.

Building Strategic Working Relationships: Developing and using collaborative relationships to achieve outcomes/results or to agree on policy or direction.

Facilitating Change: Encouraging others to seek opportunities for different and innovative approaches to addressing problems and opportunities; facilitating the implementation and acceptance of change within an organization or board.

Judgment/Problem Solving: Using effective approaches for choosing a course of action or developing solutions; taking action that is consistent with available facts, constraints and probable consequences.

Analysis and Strategic Decision Making: Identifying and understanding issues, problems, and opportunities. Obtaining information and identifying key issues and relationships relevant to achieving a long-range result or vision and committing to a course of action.

Continuous Learning: Actively identifying new areas for learning; regularly creating and taking advantage of learning opportunities; using newly gained knowledge and skills to enhance direction and decision making of an organization or board.

Please provide additional information that is pertinent and attach your resume (if applicable):

To ensure full participation of board members, reasonable accommodations can be provided upon request. NOTE: This application can be made available in alternative formats upon request.

If you need an accommodation to complete this form, have any questions about this application or the Council, please call the Council office at (317) 232-7770; (317) 233-3712 Fax; Council@gcpd.in.gov or visit our website at: www.in.gov/gpcpd.

Fax/Mail the completed application to: Chad Crowe, Deputy Director
Governor's Council for People with Disabilities
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